

## STATE MEDICAL EDUCATION BOARD OF GEORGIA



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February 1, 2005

Dear Resident Physician:

The 27<sup>th</sup> Annual Georgia Medical Fair will be held Friday and Saturday, September 23-24, 2005, at the Airport Marriott Hotel in Atlanta, Georgia. Resident physicians who are interested in exploring practice opportunities in rural Georgia are invited to attend.\* Nearly 400 physicians have found practice sites through this event. The 2005 Medical Fair will host twenty five rural Georgia communities from all areas of the State interested in recruiting physicians for future medical practice.

**Room and Travel Reimbursement:** Two night's lodging at the Airport Marriott Hotel (Thursday-Friday or Friday-Saturday) will be reimbursed by the State Medical Education Board for resident physicians whose paid registration for the Medical Fair is received prior to September 1, 2004. In addition, mileage or airfare will be reimbursed up to \$200.00 per registered resident physician. Resident physicians who register after the deadline will be reimbursed for lodging and travel on a first come, first served basis as funds permit.

**Hotel:** The Airport Marriott Hotel near the Atlanta Airport in Atlanta, Georgia, is offering a conference rate of \$82.00, single or double. These rates are subject to applicable taxes which are currently 13% per room, per night and subject to change without notice. Directions to the Hotel are enclosed.

**Reservation Procedures:** All hotel reservations should be made through Marriott Reservations at 1/800/228-9290 or directly with the Airport Marriott Hotel at 404/766-7900. To take advantage of the special conference rate, identify yourself as an attendee of the 2004 Medical Fair. **The Atlanta Airport Hotel will hold the conference rate until Thursday, September 12, 2005. Check-in is 3:00 p.m. and check-out is 12:00 noon.**

Payment of the one night's lodging will be required to hold each individual reservation. Personal check, money order, or valid American Express, Visa, MasterCard, Diners Club, or Carte Blanche card number and expiration date are acceptable. Reservations may be cancelled if notice is received at least two working days prior to scheduled arrival and a cancellation number is obtained.

\* U. S. citizenship or U. S. permanent residency status is required. Please attach a copy of your permanent residency notification to your registration form.

**How to Register to Attend the Medical Fair: The non-reimbursable registration fee is \$25.00 and will admit one resident physician and a guest to the 2005 Medical Fair.** If your spouse/guest is also a resident physician who will be seeking a place to practice, he or she will want to complete a separate registration form for distribution to the communities. Reimbursement is limited to \$200.00 travel expense per couple and one room per couple.

Please complete the enclosed registration form and enclose a check or money order made payable to the SMEB/2005 MedFair and return by September 1, 2005 to:

27<sup>th</sup> Annual Georgia Medical Fair  
State Medical Education Board of Georgia  
1718 Peachtree Street, NW, Suite 683  
Atlanta, Georgia 30309-2496

When we have processed your registration form, you will receive a confirmation letter and background information regarding registered communities.

We look forward to seeing you at the 2005 Medical Fair. Please call 404/206-5420 with any questions regarding this event.

Sincerely,

Peggy Hensley Shull  
Program Manager

**27<sup>th</sup> Annual Georgia Medical Fair**  
**September 23-24, 2005**  
**Airport Marriott Hotel**  
**Atlanta, Georgia**

**RESIDENT REGISTRATION FORM**

*(Please type or print legibly in dark ink. This form will be duplicated for community representatives attending the Fair)*

**Part 1 - Resident Information**

Full Legal Name \_\_\_\_\_ Please check: ☐ M.D. ☐ D.O.

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_ E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Hospital Telephone (\_\_\_\_) \_\_\_\_\_

Hometown and State \_\_\_\_\_ Birthdate \_\_\_\_\_

Place of Birth \_\_\_\_\_ Country \_\_\_\_\_

Citizenship: ☐ U.S. ☐ U.S. Permanent Resident (Copy of permanent residency notification required for registration; Please attach.)

Hobbies/Interests \_\_\_\_\_

Medical School Attended \_\_\_\_\_

City/State \_\_\_\_\_ Date Graduated \_\_\_\_\_

Internship Hospital Name \_\_\_\_\_

City/State \_\_\_\_\_ Dates \_\_\_\_\_ Specialty \_\_\_\_\_

Residency Hospital Name \_\_\_\_\_

City/State \_\_\_\_\_ Dates \_\_\_\_\_ Specialty \_\_\_\_\_

Residency Hospital Name \_\_\_\_\_

City/State \_\_\_\_\_ Dates \_\_\_\_\_ Specialty \_\_\_\_\_

Primary Specialty \_\_\_\_\_ Board Certified? \_\_\_\_\_ Eligible? \_\_\_\_\_

Sub-Specialty \_\_\_\_\_ Board Certified? \_\_\_\_\_ Eligible? \_\_\_\_\_

Are you currently licensed in your position? \_\_\_\_\_

Are you licensed to practice medicine within the State of Georgia? \_\_\_\_\_

List any contractual service obligations you will owe after residency training:

☐ National Health Service Corps ☐ Military Board ☐ State Medical Education

☐ Georgia Osteopathic Student Loan ☐ Other, indicate: \_\_\_\_\_

Month/Day/Year Available for Practice \_\_\_\_\_

Do you speak, read or write in languages other than English? If yes, explain degree of fluency in what languages. \_\_\_\_\_

## **Part 2 – Spouse Information**

Spouse's Name \_\_\_\_\_ Hometown/State \_\_\_\_\_

Is spouse interested in employment? \_\_\_\_\_ What type? \_\_\_\_\_

Educational Level/Occupation: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Will spouse or guest accompany resident to Medical Fair? \_\_\_\_\_  
(please provide name of guest or spouse)

## **Part 3 - Practice Preferences**

**Georgia Location(s) Preferred:** ☐ North ☐ Northeast ☐ Northwest  
☐ South ☐ Southeast ☐ Southwest  
☐ Central ☐ No Preference

**Type of Practice Preferred:** ☐ Solo ☐ School Health ☐ Partnership  
☐ Solo with backup ☐ Public Health ☐ ER  
☐ Single-specialty Group ☐ Institutional  
☐ Multi-specialty Group ☐ Industrial

**Preferred Community Size:** ☐ < 2,500 ☐ 2,500 - 10,000 ☐ 10,000 - 15,000

**Preferred County Size:** ☐ <15,000 ☐ 15,000 - 25,000 ☐ 25,000 - 35,000

List, in order of priority, the things most important to you and your spouse in selecting a place to practice/live: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Resident's Signature Date

**Registration Fee:** **\$25.00** non-reimbursable fee. This fee covers registration for one resident and spouse or guest. Registered residents may be reimbursed for two night's lodging at the hotel. A fee will be charged for additional guests who participate in the meal functions. (see Conference Registration Desk for details.) **Make check payable to SMEB/2005 MedFair.**

**Mail form and fee to:** **27th Annual Georgia Medical Fair**  
**State Medical Education Board of Georgia**  
**1718 Peachtree Street, NW, Suite 683**  
**Atlanta, Georgia 30309-2496**  
Call for further information: 404/206-5420

Photographs taken at the Medical Fair are property of the State Medical Education Board of Georgia and may be used in future promotional materials. Registration for this conference acknowledges this potential use and serves as a photo release.